•										Application or Docket Number					
	PATENT	V		67225363											
Column 1) (Column 2) RUMBER FILED NUMBER EXTRA											WITTY	OR	OTHER SWALL	THAN ENTITY	
F	BEALL	-	NUMBER FILED			NUMBER EXTRA			RATI	ΕŢ	FEE	7	RATE	FEE	
B/	SIC FEE										380.00	OR		760.00	
τ	OTAL CLAIMS		3 minus 20=			•			X\$ 9			OR	X\$18=	190	
INE	DEPENDENT C	LAIMS	5 minus 3 = °						жз9=			OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=			
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		ОЯ	TOTAL	risio		
1	(Column 1) (Column 2) (Column 3)									LE	MILA	.OR	other Small	- 11	
AMENDMENT A		REM	AIMS AINING TER IDMENT	·	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
SOR	Total		35	Minus	=	B O	- 1/-		X\$ 9=			OR	// X\$18=	2300	
ABB	Independent	0545	5	Minus	000		-2		X39=			OR	8 Z X73=	188	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 5/5/0_3									+130= TOT/			OR OR	+260= TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)															
AMENDWENT B		REM	AINIS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	- 13	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.34)	Minus	œ	35	=		-X\$ 8=	7		OR	X\$18=		
	Independent	° <	Ś	Minus	000	ک	=	M	X39=	┪			X78=		
	FIRST PRESE	OTATIO	N OF ML	ILTIPLE DEF	PEND	ENT CLAIM		╽╟	~ ~~	╬		OR			
(21.1		•					L	+130=	_ال_		OR	+260= TOTAL	·	
	1/5/03	3						A	DDIT. FE		لحجيب	OR ,	DOTT. FEE		
	///		ımn 1) Alms I			olumn 2) HGHEST	(Column 3)					-			
amendment C		REM/	AINING TER DMENT		PR	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	- 11	ADDI- TONAL FEE	\dashv	BATE	ADDI- TIONAL FEE	
	Total	.35		Minus	64	35	8		X\$ 9=	╢			X\$18=	155	
	Independent	۵	5	Minus	000	5	•		X39=	╬		OR			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										4	•	OR	X78=		
+130= OR +260=															
000	f the entry in colur f the "Highest Nur If the "Highest Nur	mber Pre	viously Pa	id For IN THIS id For IN THIS	S SPA S SPA	CE is less than CE is less than	20, enter "20." n 3, enter "3."	~	TOTA DDIT. FE	EL	لاست		TOTAL ODIT. FEE		
_	The "Highest Num	ber Prev	iously Paid	l For" (Total or	Indep	endent) is the	highest numbe	r foun	id in the a	appro	opriate box	in cot.	imin 1.		